

BOOK REVIEWS

Measuring the Health Outcomes of Diabetes Care

by J. Greenhalgh, A. Georgiou, A.F. Long, D.R.R. Williams and J. Dyas. *Outcomes Measurement Reviews*, no. 4. Nuffield Institute for Health, University of Leeds, Leeds, 1997. No. of pages 100. Price £10.50, ISBN 1900167301.

In the era of evidence-based medicine, outcomes measurement is an issue of pressing importance to all those who deliver, receive, and purchase health care. The justification for current practice and the adoption of improvements must be plotted and measured. The authors of this text have produced a concise, readable, and well-referenced appraisal of currently available ways of measuring the effects of diabetes care. These are broadly categorized into the biomedical, the psychosocial, and the population outcomes.

The book is well presented in double spaced type; there are 100 pages including 184 references, with useful tabular summaries of essential information in each of the six chapters. After defining diabetes, the authors argue how the different perspectives of those involved in the diabetic care interaction necessarily mean disparate outcomes must be measured. The work of the UK Audit Feasibility Study Working Group and the DiabCare Initiative are described; biomedical outcomes include measures, in individuals, of physical entities such as glycaemic control, ketoacidosis, retinopathy, limb amputation. Psychosocial outcomes are patient-centred and the authors make the important distinction between attitudes and beliefs, and psychosocial impact, which have a bearing on how the many questionnaires may be used. All the available Questionnaires are mentioned and some, such as the Diabetes Quality

of Life (QoL), the WHO (Bradley) Well-being and the Diabetes Treatment Satisfaction are discussed in more detail. The bluntness of data from currently collected population outcomes such as mortality, ketoacidosis, and limb amputation are discussed. Finally, recommendations are made as to how information can be standardized, and how and which outcome measurements can be used to achieve targets such as the St Vincent's Declaration.

A concise summary of a topic this broad is bound to gloss over some aspects. The relationship between hard data from the laboratory and long-term clinical outcome was mentioned but not explored in depth, presumably because the authors wished to expand their discussion of the previously much less-researched subject of patient-derived outcome measures. Their balanced review of the various QoL instruments emphasized the desirability of capturing numerically the patient experience over time, yet itemized the numerous impediments to the achieving of this particular Holy Grail. To one not on the inside track, the review has a gratifyingly thorough reference list. However, some of the referencing is imprecise, for example the citing of a textbook without listing chapter and pages.

This slim volume is an important contribution to the debate about how diabetic care should be measured. It is a necessary addition to the bibliography of anybody involved in the process of purchasing, planning or measuring diabetic care, although it will generate more questions than answers. But the questions need to be asked.

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The Insulinotropic Gut Hormone Glucagon-like Peptide-1

edited by H.-C. Fehmann and B. Göke. Basel, Karger, 1997. No. of pages 240. Price US\$195.00, hardback. ISBN 3-8055-6165-2

The last decade has seen the emergence of many new potential treatments for Type 2 diabetes mellitus, including insulin sensitizing drugs and insulin secretagogues. One of the most promising of these is glucagon-like peptide-1 (GLP-1), a 37 amino-acid peptide which potently stimulates insulin secretion at glucose concentrations in the normal or supranormal range, but not in the presence of hypoglycaemia.

This book presents a comprehensive review of the molecular biology and physiology of GLP-1. Published just 10 years after the first identification of the peptide, its scope and depth are tribute to the rapid pace of development in this field. The book's main strength lies in its detailed and clear coverage of the molecular biology of GLP-1 secretion and action, with detailed chapters on the proglucagon gene structure and regulation, post-translational processing and secretion of GLP-1, receptor interactions, and effects on islet gene regulation. The clinical physiology of GLP-1 and its therapeutic potential for therapeutic administration are reviewed in detail, but by comparison to the molecular biology, make up a small proportion of the book, comprising just two of the fifteen chapters. While an excellent review for the cognoscenti, clinicians requiring a brief overview of this rapidly developing field may find themselves better served by reading one of the many reviews of GLP-1 that have appeared in the diabetes literature over recent years.

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